O

ARIZONA STATE B	CARD OF HEALTH
BUREAU OF VIT	
H 1 PLACE OF RIRTH	FICATE OF BIRTH . Registered No
County / Wa	State Wysona
District or Township	or Village.
City Mami No. 3/03 Turkey Shoot St. Ward	
(If pirth occurred in a hospital or institution, give its NAME instead of street and number)	
	/ supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triblet or other in event of plural	7. Date 10 Lt 12 19 2 C
Ilmall births.) 5. No., in order of birth	Month Day Year
8. () A. () FATHER	14. MOTHER
Full name Catalino Vasques	Full maiden name Demacia Maranela
9. Residence Miami	15. Residence
(Usual place of abode) If non-resident, give place and state.	If non-resident, give place and state.
	16. Color or race
11 21 32	Ml4. 17. Age at last birthday 35 (Years)
12. Birthplace (city or place) 2 Cll Cao	18. Birthplace (city or place) acltscas.
(State or country)	(State or country) Wey.
13. Occupation	19. Occupation
Nature of industry	Nature of industry
20. Number of children of this mother	and now living 21. Were precautions taken against only
(Taken as of time of birth of child herein / } (b) Born alive l	but now dead that that meanatorum.
certified and including this child). (c) Stillborn	
I hereby certify that I attended the birth of this child, who was Nowalle st 1 . m on the date about	
(Boyn alive or stilltorn)	
etc. should make this return. A stillborn	DQ
child is one that neither breathes nor shows other evidence of life after birth. Given name added from (Physician or midwife).	
a supplemental report	
Month, day, year	
Registrar. Registrar.	
959-916-449	